

**MONTESSORI HOUSE BELGIUM (a.s.b.l.)**

117 Rue Pergère, 1420 Braine-L'Alleud

Telephone & Fax : 02/385 15 03

Email : info@montessorihouse.net

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**APPLICATION FOR ADMISSION**

Programme Applying For: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Expected Date Of Entry: \_\_\_\_\_

**THE CHILD**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Native Language: \_\_\_\_\_

Other Languages Spoken: \_\_\_\_\_

\_\_\_\_\_

Previous School Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Attach  
A Recent  
Photograph  
Of Your  
Child Here.

## BROTHERS & SISTERS

Name: \_\_\_\_\_ Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOME DETAILS

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## PARENTS' DETAILS

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Profession: \_\_\_\_\_ Profession: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**Siège Social** :Boulevard des Invalides 243, Brussels 1160.Tel.& Fax No.: 02/6604891  
**CBC Banque SA** , Drève Richelle 159, Waterloo 1410  
**Account No.: 192-5170671-31** Swift Code: IBAN : BE 04 BIC : CREGBEBB